

(1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Representing: ☐ Self ☐ Attorney  
State Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA**  
**IN \_\_\_\_\_(2) COUNTY**

(3) \_\_\_\_\_ )  
Petitioner/Plaintiff, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )  
VS. \_\_\_\_\_ )  
\_\_\_\_\_) )  
(4) \_\_\_\_\_ )  
Respondent/Defendant, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )

Case No. (5) \_\_\_\_\_

ATLAS No. \_\_\_\_\_

**PARENT'S WORKSHEET  
FOR CHILD SUPPORT AMOUNT**

Prepared By:  
(6) ☐ Father ☐ Mother  
☐ Court ☐ State

**MONTHLY GROSS INCOME**

**Total Monthly Gross Income**

(7) Estimated/Attributed to: ☐ Father ☐ Mother  
(Explanation is required on the sheets following  
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father

Mother

\_\_\_\_\_ ( 8) \_\_\_\_\_

**ADJUSTMENTS TO MONTHLY GROSS INCOME**

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid \_\_\_\_\_ ( 9) \_\_\_\_\_

Court-Ordered Child Support Actually Paid or \_\_\_\_\_ (10) \_\_\_\_\_

Contributed for Children of Other Relationships \_\_\_\_\_ (11) \_\_\_\_\_

Cost of Supporting Children of Other Relationships  
(Explanation is required on the sheets following the  
signature page at Item 11)

**Adjusted Monthly Gross Income for Each Parent**

(add or subtract lines 9 through 11 from line 8)

\_\_\_\_\_ (12) \_\_\_\_\_

**COMBINED ADJUSTED MONTHLY GROSS INCOME**

Add both amounts from line 12 together.

(13) \_\_\_\_\_

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

### **BASIC CHILD SUPPORT OBLIGATION**

Number of children for whom support is requested: (14) \_\_\_\_\_  
provide details on the sheets following the  
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) \_\_\_\_\_

### **ADJUSTMENTS FOR NECESSARY EXPENSES**

You may need to complete items 30-31; (Explanation is required  
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21) _____	_____
<b>Total Adjustments for Necessary Expenses</b>	(22) _____	_____

### **TOTAL CHILD SUPPORT OBLIGATION**

Total Child Support Obligation (add lines 15 and 22) (23) \_\_\_\_\_

### **EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME**

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

### **EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION**

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount \_\_\_\_\_ (29) \_\_\_\_\_  
of the parent's support obligation

**COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:**

Father

Mother

**ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION**

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days \_\_\_\_\_ Per year (Explain on page 7)

Visitation Table Percentage \_\_\_\_\_ X Line 15 = \_\_\_\_\_ (30) \_\_\_\_\_

**MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT**

Enter the monthly amount of the medical/dental insurance \_\_\_\_\_ (31) \_\_\_\_\_  
premium paid directly to an insurance carrier by the  
non-custodial parent (from line 16) [Guidelines 11]

**CHILD CARE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial \_\_\_\_\_ (31) \_\_\_\_\_  
parent for work-related child care. (From line 17a)

**EXTRA EDUCATION ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial \_\_\_\_\_ (31) \_\_\_\_\_  
parent for extra education costs agreed upon by both parents or  
ordered by the court. (From line 18)

**EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial \_\_\_\_\_ (31) \_\_\_\_\_  
parent for costs associated with special needs of gifted or  
handicapped children. (From line 19)

**COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial \_\_\_\_\_ (31) \_\_\_\_\_  
parent for costs associated with court-imposed supervised exchanges.  
(From line 20)

**ADJUSTMENTS SUBTOTAL**

Add lines 30 and 31. \_\_\_\_\_ (32) \_\_\_\_\_

**PRELIMINARY CHILD SUPPORT AMOUNT**

Deduct line 32 from line 29. \_\_\_\_\_ (33) \_\_\_\_\_

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

Father

Mother

**EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL**

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

\_\_\_\_\_ (34) \_\_\_\_\_

**MULTIPLE CHILDREN, DIVIDED CUSTODY**

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.

\_\_\_\_\_ (35) \_\_\_\_\_

**SELF-SUPPORT RESERVE TEST**

Paying parent's Adjusted Gross Income from line 12

\_\_\_\_\_ (12) \_\_\_\_\_

Minus reserve

( \$710 ) (36a) ( \$710 )

Minus arrears

( ) (36b) ( )

RESULT

\_\_\_\_\_ (37) \_\_\_\_\_

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY  
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

\_\_\_\_\_ (38) \_\_\_\_\_

**DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT**

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

\_\_\_\_\_ (39) \_\_\_\_\_

**RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES**

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

\_\_\_\_\_ (40) \_\_\_\_\_

**RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE**

Father

Mother

Percentage of uninsured medical expenses that each parent should pay.

\_\_\_\_\_ (41) \_\_\_\_\_

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing (42)

State of Arizona )  
 )ss.  
County of \_\_\_\_\_)

Acknowledged before me on this date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney Filing

**BASIS FOR AMOUNTS SHOWN ON WORKSHEET**

**( 7) Estimated/Attributed Income** - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

**(11) Cost of Supporting Children of Other Relationships** - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

Name(s)	Date(s) of Birth(s)	Social Security Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(14) Children for whom Support is Requested** - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)	Date(s) of Birth	12 or over Y / N	Social Security Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(17) Child Care Costs** - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

**Custodial Parent**

Monthly Child Care Costs	X	Number of months	=	Annual Cost	X .75	=	Adjusted Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	X .75	=	_____	÷ 12 =	_____

**Non-custodial Parent**

Monthly Child Care Costs	X	Number of months	=	Annual Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	÷ 12 =	_____

**(21) Child 12 and Over** - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

**(30) Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods	_____ days	Weekend periods	_____ days
Holidays periods	_____ days	Midweek periods	_____ days
School breaks	_____ days	Other periods	_____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

**(34) Equal Time Sharing, Unequal Incomes** – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

Divide the Amount of the Result by 2 (Result ÷ 2) = \_\_\_\_\_

**(35) Multiple Children, Divided Custody** – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

**(39) Deviation From the Guidelines Support Amount** - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

**Requested Support Amount: \$** \_\_\_\_\_

**(40) Visitation-Related Travel Expenses** - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. (Guidelines 16)

**Federal Tax Exemption** - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

**Other Requests** - Identify and explain any additional issues you want the court to address.